

DEEP CHAND TRADERS

NEAR UNION BANK, KATSAHRA BAZAR, GORAKHPUR, 273209, UP, India

State Code: 9 Contact: 7054923970, , ,

GSTIN No: 09BKDPP2013C2ZN

Authorized Representative of Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	66816-03-REST-0326-16	Date	26-03-2026
Customer Name	RAMNARESH .	Contact No.	7054791980
VIN	MBLJAW403S9A06679	Model	SUPER SPLENDOR XTEC
Insurance Company	Motorsathi Solutions	Reg No.	UP53FJ2371
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61300ADG000RS -COWL FRONT NH-1	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
2	61303ADG000S -FRONT COWL CHROME	87141090	Paid	148.31	1	0.00	0.00	0.00	0.00	0.00	0.00	148.31
3	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	0.00	0.00	0.00	0.00	0.00	0.00	304.24
4	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	2,974.58	1	0.00	0.00	0.00	0.00	0.00	0.00	2,974.58
5	51410AAF400S -"PIPE COMP, FR FORK"	87141090	Paid	898.31	1	0.00	0.00	0.00	0.00	0.00	0.00	898.31
6	61101AAGA00RS -FENDER FRONT (BLACK NH-1 (R))	87141090	Paid	983.90	1	0.00	0.00	0.00	0.00	0.00	0.00	983.90
7	53200AAF400S -STEM COMP STRG	87141090	Paid	687.29	1	0.00	0.00	0.00	0.00	0.00	0.00	687.29
8	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	0.00	0.00	0.00	0.00	0.00	0.00	429.66
											0.00	7,255.27

Parts Total**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC	998729	Paid	600.00	9.00	9.00	0.00	0.00	0.00	0.00	708.00	
											0.00	708.00

Jobs Total

Parts Total	7,255.27
Labour Total	708.00
SGST (Parts) 9%	63.23
CGST (Parts) 9%	63.23
SGST (Labour) 9%	54.00
CGST (Labour) 9%	54.00
Total	7,963.27

Rupees in Words: Seven Thousand Nine Hundred Sixty Three and paise Twenty Seven Only



Authorized Signatory

66816 - Main W/S

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
6. Actual amount may vary from estimate
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of GORAKHPUR Jurisdiction Only

UNION OF INDIA **Driving Licence** (UP)

UP53 20180001193

	जारी करने की तिथि Date of Issue	वैधता / Validity	
	24/01/2018	23/01/2038	
	जन्म तिथि Date of Birth	Blood Group	
	01/01/1996	Unknown	

नाम / Name
AMIT PASWAN

पिता/पति का नाम / Son/Daughter/Wife of
DAMNARESH PASWAN

UP53 20180001193 UP05260223MT

	
LMV 24/01/2018	MCWG 24/01/2018

पता / Address
VI BUDHAT KHALANGA
PO HARPUR BUDHAT
TEH SANJANWA GORAKHPUR - 273209

Holder's Signature

जारीकर्ता / Issuing Authority Sign
GORAKHPUR

Form 7 Rule 16(2)

आयकर विभाग
INCOME TAX DEPARTMENT


भारत सरकार
GOVT OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card


06GUPP23394F

QR Code

नाम / Name
AMIT KUMAR PASWAN

पिता का नाम / Father's Name
RAMNARESH PASWAN

जन्म की तारीख /
Date of Birth
10/12/2001



PAN Application Number Display Card
 Valid from: Physically Signed

03123073

इस कार्ड के खोले/पाने पर कृपया सूचित करें/नोटिस:
आयकर पैन सेवा इकाई, प्रोटीकन ईगवर्न टेक्नोलॉजीज लिमिटेड
(पूर्व में एनएसडीएल ई-गवर्नंस इंफ्रास्ट्रक्चर लिमिटेड)
बीबी मॉडल, सफायर चेंबर,
बानेर रोड, बानेर,
मुंबई - 411045



If this card is lost / someone's lost card is found,
please inform / return to :
Income Tax PAN Services Unit, Protean eGov Technologies Limited
(formerly NSDL e-Governance Infrastructure Limited)
4th Floor, Sapphire Chambers,
Baner Road, Baner,
Mumbai - 411045
Tel: 91-20-2721 8000, e-mail: tomfo@jwteanotech.in
no.systems1.t@income-tax.gov.in, pangrievanco@incometax.gov.in

भारत सरकार
Government of India

अमित कुमार पासवान
Amit Kumar Paswan

जन्म तिथि / DOB : 10/12/2001
पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).

7047 6504 8954

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आत्मज: रामनरेश पासवान, ग्राम
बुदहत(खलंगा) पोस्ट हरपुर बुदहत, बुधत खास,
गोरखपुर, उत्तर प्रदेश, 273209
Address: S/O. Ramnaresh Paswan, Vill
Budhat(Khalanga) Post Harpur Budhat,
Budhat Khas, PO:Harpur Budhat,
DIST.Gorakhpur, Uttar Pradesh, 273209

7047 6504 8954

1947 help@uidai.gov.in www.uidai.gov.in

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FJ2371 Registration Date : 23 May-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : NAVYA MOTORS, ARAZI NO-930(KA),NH-28, NAUSARH, GORAKHPUR, , , 168-273001
 Owner Name : RAMNARESH Son/wife/daughter of : MOHAR
 Full Address: (Permanent) : VILL- BUDHAT TOLA KHALANGA, PO- HARPUR BUDHAT, PS-HARPUR BUDHAT, GORAKHPUR, UTTAR PRADESH-273209
 Full Address: (Temporary) : VILL- BUDHAT TOLA KHALANGA, PO- HARPUR BUDHAT, PS-HARPUR BUDHAT, GORAKHPUR-UTTAR PRADESH-273209
 Fitness Up to : 27-May-2040 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : AMIT KUMAR
 Relationship with the Nominee : Son Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1043171095 Rear HSRP No : AA1042043158
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLJAW403S9A06679
 Engine No : JA07AMS9A06893 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
 R
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 122
 Colour : BLACK Laden/GV Wt (kgs) : 252
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LTD, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 27-May-2025.

Purchase dt : 26-May-2025 Sale Amt : 82461/-
 OTT Date : 26 May-2025 Amount/Rcpt No : 8247 / UP53D25050010888
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 13-Jun-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 28-May-2025 to 27-May-2040

Date : 19-Jun-2025 14:27:22

Taxation Particulars / Advance Registration Mark Fee Details

क्र/पंजीकरण अधिकारी
 Signature of Registering Authority
 Date : 19-Jun-2025

Q 3649544

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received 7963=00 Day of 25/03/2026
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. 7963=00
(In words Rupees सात हजार नौ सौ तिरसठ रुंगत=00)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP53F12371 insured under Policy No. 17392 of
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. 7963=00

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness

Name

Signature

Address

Signature रा.म.न.श.

Occupation

Address

Bank Account Number

Name of the Bank

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : X
(b) If yes, give full details : X

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : X
(b) Did a Police Constable take particulars of The accident? : X
(c) Was accident reported to Police? If not, Why? : X
(d) If yes, to which Police Station? : X
(e) Date and Diary No. : X

10. THEFT

- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : N.A.
(f) Has theft been reported to Police? : _____
(g) When? : _____
(h) Which Police Station? : _____
(i) C.R. diary Number : _____

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 25/03/2026

Signature of the insured

रामनरेश

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Amit Paswan
 (b) Age : 01/01/1996 29 Years
 (c) Address : Budhat Tola Khalanga P.S. Harpur Budhat
 (d) Is the Driver
 1. Owner : X
 2. paid driver? : X
 3. Owner's relative or friend? : ✓
 (e) If paid driver, how long has he been in your employment : X
 (f) Was he under the influence of intoxication Liquor or drugs? : X
 (g) Driving Licence Number : UP 5320/8000/193
 (h) Issuing Authority : 23/01/2028
 (i) Date of Expiry : 23/01/2028
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : _____
 (l) Has he been involved in any accident before? : X
 (m) Has he been charged by the policy? If so, Why? : X

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 25/03/2026
 (b) Place : Harpur Budhat
 (c) Speed of vehicle at the time of accident : 30 km/hr
 (d) Give a short description of the accident : हरपुर बूढाट ले गोरखपुरा हेक्टर हाण्डा मे दाए लाइन्स मे
 (e) If any third party was responsible for this accident give the name and address : या हेक्टर गोरखपुरा हेक्टर मे ठोका लगने पछ गोरखपुरा हेक्टर मे गिरी आ. क्षतिग्रस्त हो गया।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Visor, Cowl, Chrome, Head light, Bender
 (b) Estimated cost of repairs : fork pipe, Handle Handle T
 (c) When and where can the damaged vehicle be inspected : Deep Chand Tredars Katghosa 7521065310

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : _____
 (b) Address : _____
 (c) Full Details of personal injury sustained : _____
 (d) Name and address of any person/hospital giving medical attention to injured person : NA
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : _____

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

Sir / महोदय,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Ram naresh 9913277333
2	Vehicle No. / वाहन संख्या	UP53FJ2371
3	Policy No. / पालिसी संख्या	252400/31/2026/4392
4	Period of Insurance / बीमा अवधि	25/05/2025 to 24/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/03/2026 2:PM
6	Place of Accident / दुर्घटना का स्थान	Harpur Budhat Gosakhpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Amit Paswan 786077177
8	Estimated Loss / अनुमानित हानि	7963=00
09. Cause of Accident / दुर्घटना का कारण : हरपुर बुद्धत से गोरखपुर जा रहे थे हरपुर चौराहे पर दाएं साइड से आ रही मोटरसाइकिल से ठोका लगने से गाड़ी बाएं साइड गिरी गई क्षतिग्रस्त हो गयी।		
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Deep Chand Tredex Katsahara Bazar Gosakhpur 7521065310

Date / दिनांक :
हस्ताक्षर

25/3/2026

Signature of Insured / बीमाधारक के

राम नरेश



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____

Certificate/Policy No. 252400/31/2026/17392

Tel. No. _____

Period of Insurance 25/05/2025/10/24/05/26
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

- (a) Name : Ramnarash
 (b) Address for correspondence : Vill - Khalanga Budhat Tola Harpur Budhat
 (c) Telephone : 9913277333 Gorakhpur

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>JAO7AMIS9A06893</u> Chassis No. <u>MBLJAW403S9A06679</u>	Registration No. <u>UP53</u> <u>FJ2371</u>
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- (a) Was the vehicle in proper working condition? NO
 (b) For what purpose was the vehicle being used at the time of accident? Personal
 (c) Was trailer attached? X
 (d) If a Motor Cycle/scooter X
 1. Was a side-car attached X
 2. Was a pillion rider carried X

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : _____
 (b) Unladen Weight : _____
 (c) Weight of goods carried/Load Challan No. : _____
 (d) Nature of permit : _____
 (e) Nature of goods carried : _____
 (f) Was the vehicle plying for hire : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- NA.



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